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CONFIRMATION NO. 7494

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**** CONTINUING DATA *******

This application is a DIV of 09/513,086 02/24/2000 PAT 7,419,668
 which claims benefit of 60/152,193 09/02/1999

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
 11/30/2000

Foreign Priority claimed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWINGS	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					

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TITLE

Vaccine to control equine protozoal myeloencephalitis in horses

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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